

EXHIBIT F

Death Certificate of Ka'la Monet Enzor

GEORGIA DEATH CERTIFICATE

State File Number **2021GA000063927**

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) KA'LA MONE'T ENZOR		1a. IF FEMALE, ENTER LAST NAME AT BIRTH ENZOR		2. SEX FEMALE		2a. DATE OF DEATH (Mo., Day, Year) ACTUAL DATE OF DEATH 08/06/2021	
3. SOCIAL SECURITY NUMBER 257-93-1798		4a. AGE (Years) 26		4b. UNDER 1 YEAR Mos. Days Hours Mins.		4c. UNDER 1 DAY Hours Mins.	
5. DATE OF BIRTH (Mo., Day, Year) 07/06/1995		6. BIRTHPLACE GEORGIA		7a. RESIDENCE - STATE GEORGIA		7b. COUNTY CHATHAM	
7c. CITY, TOWN SAVANNAH		7d. STREET AND NUMBER 653 LITTLE NECK ROAD APT 1504		7e. ZIP CODE 31419		7f. INSIDE CITY LIMITS? NO	
8a. USUAL OCCUPATION BARBER APPRENTICE		8b. KIND OF INDUSTRY OR BUSINESS BEAUTY AND BARBER		8. ARMED FORCES? NO			
9. MARITAL STATUS NEVER MARRIED		10. SPOUSE NAME		11. FATHER'S FULL NAME (First, Middle, Last) CHARLIE ENZOR			
12. MOTHER'S MAIDEN NAME (First, Middle, Last) CAROLYN HUNTLEY		13a. INFORMANT'S NAME (First, Middle, Last) SHELENA DAVIS		13b. RELATIONSHIP TO DECEDENT SISTER			
13c. MAILING ADDRESS 653 LITTLE NECK ROAD APT 3306 SAVANNAH GEORGIA 31419		14. DECEDENT'S EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED					
15. ORIGIN OF DECEDENT (Spanish/Hispanic/Latino) NO, NOT SPANISH/HISPANIC/LATINO		16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) BLACK OR AFRICAN-AMERICAN					
17a. IF DEATH OCCURRED IN HOSPITAL EMERGENCY ROOM/OUTPATIENT		17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify)					
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) ST JOSEPHS HOSPITAL		19. CITY, TOWN or LOCATION OF DEATH SAVANNAH		20. COUNTY OF DEATH CHATHAM			
21. METHOD OF DISPOSITION (specify) BURIAL		22. PLACE OF DISPOSITION TALLAHASSEE MEMORY GARDEN 4037 N MONROE STREET TALLAHASSEE FLORIDA 32303		23. DISPOSITION DATE (Mo., Day, Year) 08/21/2021			
24a. EMBALMER'S NAME CHAD J FLOWERS		24b. EMBALMER LICENSE NO. 5054		25. FUNERAL HOME NAME SYLVANIA FH OF SAVANNAH			
25a. FUNERAL HOME ADDRESS 102 OWENS INDUSTRIAL BLVD SAVANNAH GEORGIA 31415		26a. SIGNATURE OF FUNERAL DIRECTOR CHAD JAYLAN FLOWERS		26b. FUN. DIR. LICENSE NO. 5456		AMENDMENTS	
27. DATE PRONOUNCED DEAD (Mo., Day, Year) 08/06/2021		28. HOUR PRONOUNCED DEAD 05:01 AM					
29a. PRONOUNCER'S NAME JOSHUA BARKER		29b. LICENSE NUMBER 084149		29c. DATE SIGNED 08/06/2021			
30. TIME OF DEATH 05:01 AM		31. WAS CASE REFERRED TO MEDICAL EXAMINER YES					
32. Part I. Enter the chain of events-diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, Or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.						Approximate interval between onset and death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)						UNKNOWN	
A. SEIZURE DISORDER						DUE TO, OR AS A CONSEQUENCE OF	
B. CHRONIC ETHANOLISM						YEARS	
C.						DUE TO, OR AS A CONSEQUENCE OF	
D.						DUE TO, OR AS A CONSEQUENCE OF	
Part II. Enter significant conditions contributing to death but not related to cause given in Part 1A. If female, indicate if pregnant or birth occurred within 90 days of death. FATTY LIVER				33. WAS AUTOPSY PERFORMED? YES		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? YES	
35. TOBACCO USE CONTRIBUTED TO DEATH NO		36. IF FEMALE (range 10-54) PREGNANT UNKNOWN IF PREGNANT WITHIN THE PAST YEAR		37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) NATURAL			
38. DATE OF INJURY (Mo., Day, Year)		39. TIME OF INJURY		40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)		41. INJURY AT WORK? (Yes or No)	
42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County)							
43. DESCRIBE HOW INJURY OCCURRED						44. IF TRANSPORTATION INJURY	
45. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.)				46. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.) /S/ DAVID L. CAMPBELL CORONER 9403717			
45a. DATE SIGNED (Mo., Day, Year)		45b. HOUR OF DEATH		46a. DATE SIGNED (Mo., Day, Year) 08/23/2021		46b. HOUR OF DEATH 05:01 AM	
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DAVID L. CAMPBELL 602 E 67TH STREET SAVANNAH GEORGIA 31405							
48. REGISTRAR (Signature) /S/ CHRISTOPHER JP HARRISON				49. DATE FILED - REGISTRAR (Mo., Day, Year) 08/25/2021			

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COUNTY CUSTODIAN: Carol Zehm
ISSUED BY: Carol Zehm
DEPUTY STATE REGISTRAR AND CUSTODIAN: Deborah Dutton
GEORGIA STATE OFFICE OF VITAL RECORDS
DATE ISSUED: AUG 25 2021